<u>Amblecote Primary School</u> <u>Breakfast/After School Club – Registration Form</u>

WE REQUIRE THE FOLLOWING INFORMATION FOR OUR RECORDS. PLEASE USE BLOCK CAPITALS

Child's name					
Date of birth					
Gender					
Ethnic origin First language					
Religious belief					
Home telephone number	·				
_					
Contact Details:					
Priority	Name	Relationship to child	Parental responsibility		
1			Yes/No		
-			(Please circle)		
Add	Iress	E mail	address		
Add	Iress	E mail	address		
Add Home phone number	Mobile phone number	E mail Work phone number	address Main phone number		
Home phone number	Mobile phone number	Work phone number	Main phone number Home/Mobile/Work (Please Circle)		
			Main phone number Home/Mobile/Work (Please Circle) Parental responsibility		
Home phone number	Mobile phone number	Work phone number	Main phone number Home/Mobile/Work (Please Circle)		
Home phone number Priority 2	Mobile phone number	Work phone number Relationship to child	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No		
Home phone number Priority 2	Mobile phone number Name	Work phone number Relationship to child	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No (Please circle) address Main phone number		
Priority 2	Mobile phone number Name	Work phone number Relationship to child E mail	Main phone number Home/Mobile/Work (Please Circle) Parental responsibility Yes/No (Please circle) address		

Priority	Name	Relationship to child	Parental responsibility		
3			Yes/No		
J			(Please circle)		
		-			
Address		E mail address			
TT	Makilankana masakan	XX7111	M-1		
Home phone number	Mobile phone number	Work phone number	Main phone number Home/Mobile/Work		
	!		(Please Circle)		
			(Trease effect)		
Medical details:					
	details which may be rele	vant to the Out of School	Club (allergies asthma		
Please give any medical details which may be relevant to the Out of School Club (allergies, asthma, fits, etc)					
Tits, etc)					
Prescribed medication					
Any special food requirements (health or religion)					

Date.....